

City of Jefferson

Department of Public Works
320 E. McCarty St.
Jefferson City, MO 65101



Carrie Tergin, Mayor

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STORM WATER QUALITY

Erosion/Sediment Control Plan Review Checklist

Project Name-

Address-

Date-

Reviewed by-

Please **circle / specify** items that are being proposed with the referenced project and **highlight / specify** additional items the project should utilize that are missing from the plans-

Temporary Measures (to be used during construction)-

1. **Perimeter Controls;** (along similar contour and/ or reinforced or with interior checks- straw bales, straw waddles, silt fencing, grass filter strips, etc.)-_____
2. **Temporary Granular Entrance(s);** (keeping mud, sediment from tracking onto roadways)-

3. **Drainage Diversions for Off-site Drainage;** (keeping clean water off-site)-

4. **Phasing Information;** (Details of proposed sequence of implementation of erosion/sediment control plan);- _____
5. **Inlet Protection Measures;** (once drainage system installed, keeping sediment out of new inlets, pipes)- _____
6. **Concentrated Flow / Sedimentation Control;** (channel checks (rock, straw), erosion control blankets, etc.)- _____
7. **Sediment Control for Drainage Exiting Site;** (temporary sediment basin(s), channel checks (rock, straw), etc.)- _____
8. **Alternative BMP's;**(if proposed or applicable)- _____
9. **Maintenance Procedures, Identification of Responsibilities;**- _____

10. **SWPPP/MDNR Land Disturbance Permit Obtained (if applicable) & Location of MDNR Placard;** (indicate the location on the site where the placard and storm water drainage information will be located / posted)- _____

11. **Location of Construction Staging Area;** (location where job trailer, equipment, construction materials will be stored, etc)-_____
12. **Location of Concrete Washout Area;** (location where left-over concrete washout will be contained on-site and not be allowed to enter any drainage way leaving site)-

13. **Fuel/Chemical Storage Location and Containment Procedures Information;** (location of any fuel or chemical storage on-site and procedures, methods of containment, etc)-

14. **Inspection Logs;** With frequency of inspection and inspection results-_____

Permanent Post Construction Water Quality Measures (to be used after construction)-

1. **Grease Trap for Sanitary Sewer Service Lateral;** (if applicable) _____
2. **Parking Lot Sweeping/Trash Pick-up Effort;** With frequency of occurrence noted and volume of material collected-_____
3. **Solid Waste Dumpster Location;** Siting away from drainage structures, using grass/landscape areas to filter drainage from these areas, covering from rainwater, etc. _____
4. **Grease Dumpster Location;** (if applicable)- Siting away from drainage structures, using grass/landscape areas to filter drainage from these areas, covering from rainwater, etc. With maintenance log of volume of dumpster and frequency emptied-_____
5. **Sediment / Debris Trap at Dumpster Location;** Trench grate draining neither to storm or sanitary systems; designed to catch debris and liquids from dumpster and keeping material from entering storm water drainage system- _____
6. **Parking Lot Edge-Of-Pavement Treatment;** Grass /rock filter strips, saw-tooth curbing, etc. _____
7. **Post-Construction Structural BMPs;** Pervious pavement/curbing, rain gardens, bio-swales, storm water quality basins/units, detention basins, velocity and energy controls, rain barrels, infiltration/groundwater recharge systems, etc. _____
8. **Non-Structural BMPs;** Riparian areas, vegetated strips, stream setbacks, etc. _____
9. **Landscape Areas (min. 35% shade requirement for parking lot);** Areas required for landscaping provide green space and opportunity for storm water to infiltrate into the ground- _____
10. **Operations & Maintenance Requirements;** For permanent BMPs, in the plans, outline the required inspection schedule and types of required maintenance needed.

Please identify if project has no permanent storm water quality benefit and for what reason none is proposed.

Review completed by-_____ **Date-**_____

Type of review (please circle type of project)- **Subdivision** **Site Plan** **Grading Plan**

Other Use (please circle type of use)- **Pre-review** **Information** **Inspection** **Other**

Contact-

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